4649206059

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 5/13/94 TAX MAP NO. Repair Watershed: ☐ Yes ☒ ~~No~~

OWNER OR CONTRACTOR Bob + Norene Wolfe PHONE: Business 878-3131 Home

ADDRESS PO Box 154 Mooresville, NC 28115

LOCATION Judas Rd. off Cornelius Rd. to 2nd house on (L)

SUBDIVISION ~~1500 gal~~ BLOCK / SECTION LOT LOT AREA SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .35 - .4

Septic Tank: ~~1000 gal~~ Gallons; STB 1012 Date 3/14/94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No. ~~360~~

Nitrification Field: No Fields 1 Square Feet ~~630~~ Linear Feet ~~210~~

No Lines 3 Trench Width 7' Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI

System Description: 7' Bed

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

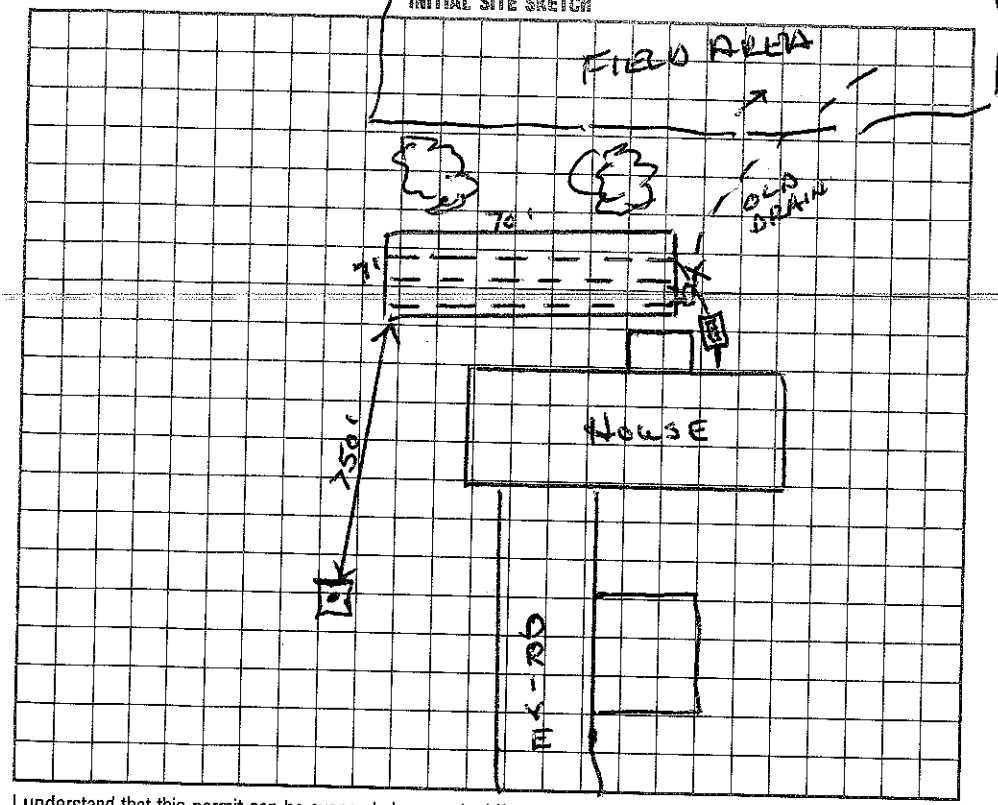
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

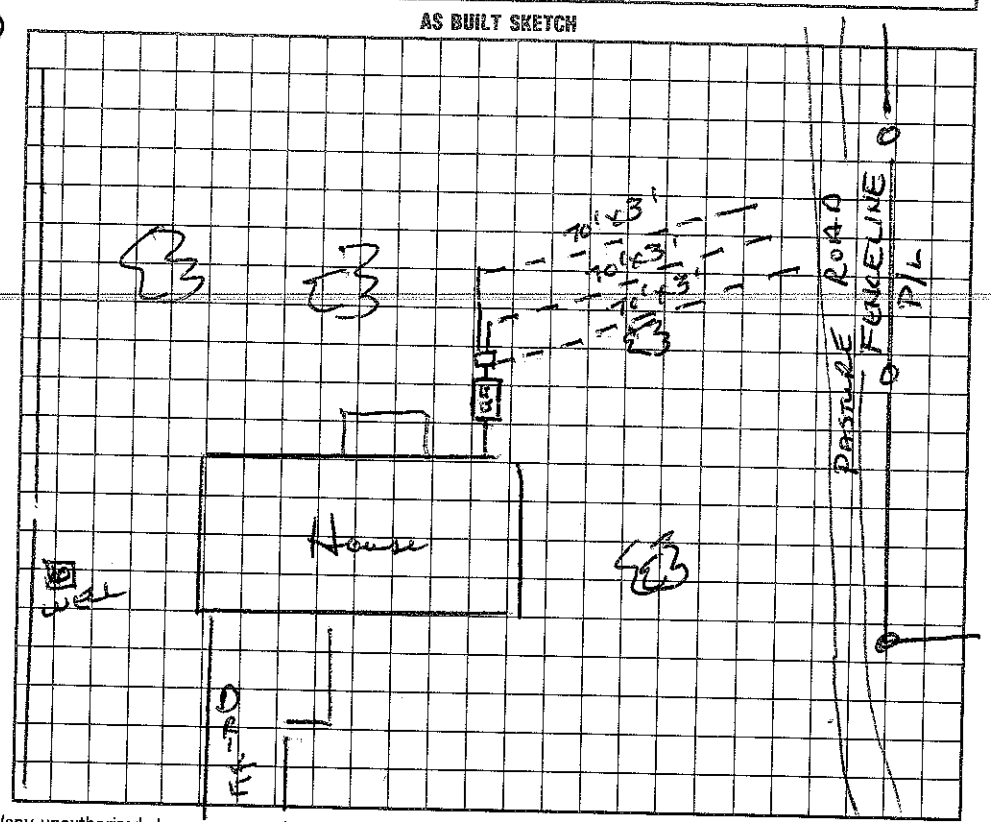
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: Wesley Sparks RS. date 5/13/94

Existing System Inspection by: date

Installed by: JC Forsythe

Certificate of Completion by: Wesley Sparks RS. date 6/7/94

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD